

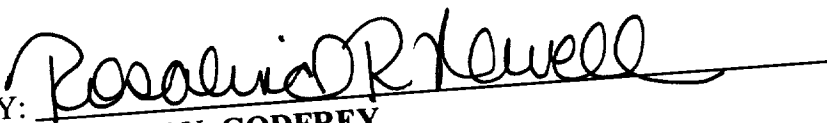
Entered - 02/09/01 - sb
CL01L0093 - DIANNE C. MITCHELL

CLAIM OF: PHYLLIS D. BETTERSON
3113 Rose Heath Lane
Lithonia, Georgia 30038

01-*R*-0382

For damages alleged to have been sustained as a result of a sewer
back up on March 30, 2000 at 1656 Westwood Avenue, SW.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

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FORM 2

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: Jan. 24, 2001

JAN 30 2001

Dear Municipal Clerk:

ENTERED - 2-9-01 - SB

01L0093 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 423.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: March 30, 2000
(month/day/year)
2. Police called: Yes ☒ No ☐
3. Location of incident: 1656 Westwood Ave. S.W., Atlanta, GA 30310
4. Name of your insurance company: State Farm Policy No. _____
5. State what and how incident occurred: Sewer line backed up and flooded my basement with approximately 3 feet of raw sewage. After contact with the City of Atlanta Sewer Dept, Mr. Callahan a crew was dispatched for repair of the street sewer line and for removal, clean up and sanitizing of my basement. This backup caused damage to the furnace, water heater and miscellaneous household items. All of these items were thrown away (household items).
6. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: _____
(make) (year) (tag number) (driver's name)
City vehicle: _____
(make) (City driver's name) (department/bureau)
8. Witness: _____
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Dyllis D. (Alston) BETTERSON
(claimant's name)

3113 RoseHeath Lane
(address)

Lithonia, GA 30038
(city and state)

770-323-0280
(work number)

770-808-6620
(home number)

01-R-0382

PLEASE SEE ATTACHMENT

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DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0093

Date: February 21, 2001

Claimant /Victim PHYLLIS D. BETTERSON

BY: (Atty)(Ins. Co.) _____

Address: 3113 Rose Heath Lane, Lithonia, Georgia 30038

Subrogation: _____ Claim for Property damage \$ 423.00 Bodily Injury \$ _____

Date of Notice: 01/30/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 03/30/00 Place: 1656 Westwood Avenue, SW

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that her property was damaged due to a sewer back up. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02-27-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
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55 Trinity Avenue, S.W.
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(name) (address) (telephone number)

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